



CITY OF DULUTH
REQUEST FOR UNPAID LEAVE OF ABSENCE
(Please print or type)

Employee Name: _____ **Date of Request:** _____
Department/Division: _____
Position Title: _____

SECTION A (To Be Completed By Employee)

I hereby request an unpaid leave of absence for the following purpose:

- ___ The City will benefit
- ___ Personal
- ___ Union business as an elected or appointed official
- ___ Service on a board or commission
- ___ Military
- ___ Other

Explanation of Purpose: _____

Start Date (first day of leave): _____ **End Date** (last day of leave): _____

Check one of the statements below:

- ___ I request reinstatement to my former position upon expiration of this leave.
- ___ I request placement on the re-employment list for my class upon expiration of this leave.

I understand that I will not be granted any such leave over thirty (30) days unless I have used all accumulated vacation and accrued compensatory leave. I also understand that if my leave over thirty days is approved, I must schedule an appointment with the Employee Benefits Administrator in Human Resources prior to beginning my leave to arrange for continuation or cancellation of benefits during the leave.

-OVER-

SECTION B (Signatures and approvals)

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Department Director (Check One):

____ Request approved

____ Request denied; reason: _____

Department Director Signature

Date

NOTE: All leave requests **over** 30 days must be approved by the Manager, Human Resources. The Department Director's approval is a recommendation that the Manager, Human Resources approve this request.

Manager, Human Resources (Check One):

____ Request approved with reinstatement to former position upon expiration of leave

____ Request approved with placement of name on re-employment list for the classification of _____ . (Placement on list will occur the first day following expiration of the leave of absence. Name will remain on the re-employment list for one year unless the period is extended by the Civil Service Board, in accordance with Civil Service Rule 13-26).

____ Request denied; reason: _____

Manager, Human Resources

Date

ORIGINAL TO: Human Resources/Personnel File

SIGNED COPIES TO: Employee; Immediate Supervisor; Employee Benefits Administrator; Payroll